

FILED JUL 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 022695
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5978

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits TOWN <u>ST. LOUIS</u> Yes <input type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b <u>38</u> HOSPITAL OR INSTITUTION <u>DOR CITY HOSP</u>				d. STREET ADDRESS (If outside, give location) Reside on Farm <u>125</u> ADDRESS <u>100 N. BOWAY</u> Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>GILBERT MC CARTHY</u>				4. DATE OF DEATH Month Day Year <u>6-22-57</u>			
5. SEX <u>M.</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>unk</u>	
9. AGE (In years last birthday) <u>60 yr.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unk</u>		11. BIRTHPLACE (City and state or country) <u>unk</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>unk</u>				14. MOTHER'S MAIDEN NAME <u>unk</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>W. W I</u>				16. SOCIAL SECURITY NO. <u>unk</u>			
17. INFORMANT Address <u>Police Dept. St. Louis, Mo.</u>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinosis of the Liver</u> DUE TO (b) _____ DUE TO (c) <u>581.0</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>581.0</u>							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY <u>10:16 A</u> Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____, to _____ and last saw her him alive on _____ Death occurred at <u>1016 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Strick & Taylor Coroner</u> (Degree or title)				22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>6/27/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>6-27-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEM</u>		23d. LOCATION (City, town, or county) (State) <u>JEFF. BKS, MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>EPW. FENDLER 5611 S GARD</u>				25. DATE RECD. BY LOCAL REG. <u>JUN 27 57</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
E. J. T. Embalsmed
E. J. T. Embalsmed
Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.